

17020

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-019,119	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2		1					52	1
3		12					53	1
4		21					54	1
5		12					55	1
6		1					56	1
7		10					57	1
8		10					58	1
9		10					59	1
10		10					60	1
11		10					61	1
12		10					62	1
13		10					63	1
14		10					64	1
15		10					65	1
16		10					66	1
17		10					67	1
18		10					68	1
19		10					69	1
20		10					70	1
21		10					71	1
22		21					72	1
23		12					73	1
24		10					74	1
25		1					75	1
26		10					76	1
27	1						77	1
28		1					78	1
29		12					79	1
30		10					80	1
31		10					81	1
32		10					82	1
33		10					83	1
34		10					84	1
35		10					85	1
36		10					86	1
37		10					87	1
38	1						88	1
39		1					89	1
40		12					90	1
41		21					91	1
42		12					92	1
43		10					93	1
44		10						

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[illegible]